	·					Trip	02	7 4007/0011	
) (	<sup>) 0 6</sup> MARSI	Н		CERTIFIC	ATE OF IN	SURANCE		) IFICATE NUMBER	
PRO	Marsh 1000 Ridgeway Loop 6th Floor			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.					
Memphis, TN 38120 Attn: Carol Kincaid 901 684-3667 Fax #901 684 3539				COMPANIES AFFORDING COVERAGE COMPANY					
									INSL
U. S. Fuel Company % Ms. Millie Workman 8285 Tournament Dr., Suite 150 Memphis, TN 38125				B ST. PAUL SURPLUS LINES  COMPANY C					
-0000	NOTWITHSTANDING ANY REQU	IREMENT, ORDED B'	OF INSURANCE DESCRIBED HEREIN HAVE TERM OR CONDITION OF ANY CONTRACT ( Y THE POLICIES DESCRIBED HEREIN IS SUI D BY PAID CLAIMS.	OR OTHER DOCUMENT	WITH RESPECT TO W	HICH THE CERTIFICATE MAY B	E ISSUE	ED OR MAY	
CO LTR	TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIN	MITS		
A	GENERAL LIABILITY			04/01/06	04/01/07	GENERAL AGGREGATE	\$	5,000,000	
	X COMMERCIAL GENERAL I	LIABILITY				PRODUCTS - COMP/OP AGG	\$	2,000,000	
	CLAIMS MADE X	OCCUR	'\$250,000 Self-Insured Retention'			PERSONAL & ADV INJURY	\$	750,000	
	OWNER'S & CONTRACTOR	R'S PROT				EACH OCCURRENCE	\$	750,000	
	X Broad Form Vendors					FIRE DAMAGE (Any one fire)	\$	500,000	
	Coverage					MED EXP (Any one person)	\$	10,000	
A	X ANY AUTO		(	04/01/06	04/01/07	COMBINED SINGLE LIMIT	\$	1,000,000	
	X ALL OWNED AUTOS SCHEDULED AUTOS		'Hired Auto Phys. Damage' \$50,000 Limit'			BODILY INJURY (Per person)	\$		
	X HIRED AUTOS X NON-OWNED AUTOS		*\$1,000 Ded. Comp./\$1,000 Ded.			BODILY INJURY (Per accident)	\$		
						PROPERTY DAMAGE	\$		
	GARAGE LIABILITY					AUTO ONLY - EA ACCIDENT	\$		
	ANY AUTO					OTHER THAN AUTO ONLY:			
						EACH ACCIDENT	\$		
						AGGREGATE	\$		
В	EXCESS LIABILITY		i	04/01/05	04/01/06	EACH OCCURRENCE	\$	5,000,000	
	X UMBRELLA FORM					AGGREGATE	\$	5,000,000	
	OTHER THAN UMBRELLA WORKERS COMPENSATION AN					NO CELEU	\$		
A	EMPLOYERS' LIABILITY	4D (		04/01/06	04/01/07	X WC STATU- OTH- TORY LIMITS ER			
	THE PROPRIETOR					EL EACH ACCIDENT	\$	1,000,000	
	PARTNERS/EXECUTIVE	INCL				EL DISEASE-POLICY LIMIT	\$	1,000,000	
	OFFICERS ARE:	EXCL				EL DISEASE-EACH EMPLOYEE	\$	1,000,000	
						RECEIVED			
DES	CRIPTION OF OPERATIONS/LOCA	ATIONS/VE	EHICLES/SPECIAL ITEMS			ADD 1 0 or			
	ATE OF UTAH MINING PE #4-#42-00098; #5-#42-013		CT/007-II-HIWATHA COMPLEX MIN   #6-#42-01599	IES LISTED		APR 1 0 2006			
					DIV	OF OIL, GAS & MINING	<u>.</u>		
CE	RTIFICATE HOLDER			CANCELLA	TION				
			1	SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF,					
	STATE OF UTAH			THE INSURER AFF	THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL				
	DIVISION OF OIL, G 1594 WEST NORTH SALT LAKE CITY, U	TEMPL	E, #1210	CERTIFICATE HOLDER NAMED HEREN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, IT'S AGENTS OR REPRESENTATIVES, OR THE ISSUER OF THIS CERTIFICATE.  MARSH USA INC.					
		. 51117							
				1		M			

BY: Mary L. Taliaferro MM1(3/02) May of Joliatan

VALID AS OF: 04/03/06